



DIVISION OF ALCOHOL AND SUBSTANCE ABUSE
DASA TARGET GROUP SUPPORT ACTIVITIES

DASA TARGET GROUP SUPPORT ACTIVITIES					GROUP NAME	AGENCY NUMBER	
ACTUAL DATE	ACTUAL TIME :	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	ACTUAL DURATION	STAFF HOURS :	OTHER QUANTITY	OTHER DESCRIPTION	STAFF IDENTIFICATION
ACTIVITY TYPE (CODE 1) <input type="checkbox"/> Adolescent Case Management <input type="checkbox"/> Alcohol and other Drug Information School <input type="checkbox"/> Assessment and Referral <input type="checkbox"/> Community Education <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Support <input type="checkbox"/> Housing Services <input type="checkbox"/> Interim Services <input type="checkbox"/> Involuntary Commitment <input type="checkbox"/> Non-Treatment Group <input type="checkbox"/> Sobering Services <input type="checkbox"/> Staff Continuing Education <input type="checkbox"/> Outreach Services			FUND SOURCE (CODE 2) <input type="checkbox"/> Agency Funded <input type="checkbox"/> County Community Services <input type="checkbox"/> Federal Direct <input type="checkbox"/> Other <input type="checkbox"/> Private Pay <input type="checkbox"/> State Direct <input type="checkbox"/> Tribal Community Services		CONTRACT TYPE (CODE 3) 1 – ADATSA 2 - Adult Outpatient 3 – CDDA (COMM) 4 – CDDA (LS) 5 – Criminal Justice (CJ) 6 - Division of Children and Family Services 7 – DOC-COM 8 – DOC-JAIL 9 – Drug Court 10 - Gov2Gov (Non XIX) 11 - Indian Health Services (IHS) 12 - Other/None 13 - Pregnant/Parenting 14 – SSI 15 - TANF (ES) 16 - Tribe MOA (Title XIX) 17 - Youth Treatment		
ATTENDANCE							
LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	ATTENDANCE			
				YES	EXCUSED	NO SHOW	
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